

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84218.5)

Type or print in ink  
**COPY**

COVER PAGE

FEB 23 2004

CALIFORNIA 2001/02 FORM 460

Page 1 of 23

REGISTRAR OF VOTERS

By *Blanchy* Deputy

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2003 through 09/30/2003

Date of election if applicable (Month, Day, Year) 03/02/2004

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)
- ☐ Quarterly Statement  
☒ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

Amending Schedule A-E

3. Committee Information

I.D. NUMBER 1243923

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Lou Correa

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED] (818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED] (818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/18/2004  
Date

Executed on 02/18/2004  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

By Lou Correa

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lou Correa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board Of Supervisors, Orange County, District: 01

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Assemblymember Correa Campaign Legal

I.D. NUMBER

1259421

NAME OF TREASURER

Kinde Durkee

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

(818) 260-0669

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2003</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>09/30/2003</u>                         |                                |
| Page <u>3</u> of <u>23</u>                        | I.D. NUMBER<br><u>1243923</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Lou Correa

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL DATE |
|---|--|---|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 33,886.00   | \$ 105,498.00                           |
| 2. Loans Received ..... Schedule B, Line 7            | 0.00   | 0.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 33,886.00   | \$ 105,498.00                           |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 75.41  | 703.50                                  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 33,961.41   | \$ 106,201.50                           |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made      | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL DATE |
|---|--|---|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 21,571.30   | \$ 30,008.37                            |
| 7. Loans Made ..... Schedule H, Line 7                      | 0.00   | 0.00                                    |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 21,571.30   | \$ 30,008.37                            |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00   | 0.00                                    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 75.41  | 703.50                                  |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 21,646.71   | \$ 30,711.87                            |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|   |               |
|---|---------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 438,305.06 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 33,886.00     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00          |
| 15. Cash Payments ..... Column A, Line 8 above                              | 21,571.30     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 450,619.76 |

If this is a termination statement, Line 16 must be zero.

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

## Cash Equivalents and Outstanding Debts

|   |         |
|---|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 07/01/2003  
through 09/30/2003

**CALIFORNIA**  
**FORM 460**

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Friends Of Lou Correa

I.D. NUMBER  
1243923

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 08/29/2003    | 1-800 Contacts Inc<br>[REDACTED]  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,400.00                          | 400.00  | \$1400 P2004                             |
| 08/11/2003    | Silas Abrego<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vice President<br><br>CA State Fullerton  | 150.00                            | 150.00  | \$150 P2004                              |
| 09/22/2003    | AFSCME PAC Am Fed State Co Muni Emp<br>[REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,400.00                          | 1,400.00  | \$2400 P2004                             |
| 08/29/2003    | Ellen Ahn<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br><br>Korean Community Services   | 500.00                            | 500.00  | \$600 P2004                              |
| 09/30/2003    | Amerquest Capital Corp<br>[REDACTED]  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,400.00                          | 400.00  | \$1400 P2004                             |

SUBTOTAL \$ 4,850.00

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 33,451.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 435.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 33,886.00

\*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>07/01/2003</u><br>through <u>09/30/2003</u> | <b>CALIFORNIA FORM 460</b>    |
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Tel Phil Enterprises, Inc.<br>[REDACTED]<br>[REDACTED]              | RFD     |                        | 1,000.00    |
| Washington Mutual Bank<br>[REDACTED]<br>[REDACTED]                  | RFD     |                        | 350.00      |
| San Manuel Tribal Administration<br>[REDACTED]<br>[REDACTED]        | RFD     |                        | 3,600.00    |
| 1-800 Contacts Inc<br>[REDACTED]<br>[REDACTED]                      | RFD     |                        | 1,000.00    |
| Norman J Salter, Inc<br>[REDACTED]<br>[REDACTED]                    | RFD     |                        | 600.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 6,550.00